6698

10161

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Irene Stedman ✓

Address Phoenix

Employer Jackson & Co ✓

Nature and Extent of Case (Information must be complete and definite) Severe foot scald.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

| Approved for Payment | Audited | Checked |
|---|---|---|
| ✓ | | |

| Date of Treatment | | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges | |
|---|---|---|---|---|
| ✓ | | Mileage _____ Miles @ _____ per mile | | |
| Aug | 4 | Office | 1 | 50 |
| " | 9 | " | 1 | 50 |
| " | 12 | " | 1 | 50 |
| | | | 4 | 50 |
| | | | 3 | |

RECEIVED
SEP 20 1941
CLAIM DEPT.

Patient presented National Hospital Association Certificate No. 21 issued by Jackson Co (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept. 12, 1941

Signature [illegible], M.D.

Address Medford, Ore.

10162

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Birch Watson ✓

Address Medford, Ore ✓

Employer Jackson County ✓

Nature and Extent of Case (Information must be complete and definite) Probable gastric ulcer

Is this condition the result of an injury during employment? no

Have you reported this case to the State? no If not, why? Not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

**Do Not Write Below**

73358

Mrk

4-39

| Approved for Payment | Audited | Checked |
|---|---|---|
| | | |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage _____ Miles @ _____ per mile | |
| Aug 6 | Office | 2 — |
| " 9 | " | 1 50 |
| | | 3 50 |
| | 2nd | |
| | RECEIVED SEP 10 1941 COS Dept. | |

Patient presented National Hospital Association Certificate No. 24 issued by Jackson Co. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____

_____, 19____ Signature _____, M.D.

Sept 03, 1941 Address Medford, Ore

6700

10163

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N. H. A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Alvin Hamilton

Address Butte Falls, Oregon

Employer Hamaker & Hild

Nature and Extent of Case (Information must be complete and definite) Sprain ankle

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not injured during employ.

If injured away from work how did injury occur? Turned ankle on fishing trip

Was there any evidence of intoxication at time of injury?_____

If X-rayed, state findings_____

Plates, films, or prints must accompany charges for X-rays.

**Do Not Write Below**

EMPLOYER Hamilton

MEMB. DATE 6-1-41

LAST PAYMENT July 11

| Approved for Payment | Audited | Checked |
|---|---|---|
| | | |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage____ Miles @____ per mile | |
| July 29, | Office - Hospital | 2. |

RECEIVED
AUG 14 1941
COST DEPT.

Patient presented National Hospital Association Certificate No._____ issued by_____ hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.) (Name of Company)

Patient was referred by me to_____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 193____, and that patient was able to resume work beginning on the_____ day of_____, 193____

Signature [illegible] M.D.

Dated Aug. 11, 1941, 193____

Address Medford, Oregon

6701

10164

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 20 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Hana Buck ✓

Address Medford, Ore. ✓

Employer Mann's Dept Store ✓

Nature and Extent of Case (Information must be complete and definite) Sacro-iliac strain.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No. If not, why? Not result of injury during employ

Injured away from work how did injury occur?

Is there any evidence of intoxication at time of injury?

X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

73358

OW

Approved for Payment ✓ | Audited | Checked

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage____ Miles @____ per mile | |
| Aug 28 | Office | 2 — |
| | RECEIVED SEP 20 1941 COST DEPT. | 1⁰ |

Patient presented National Hospital Association Certificate No. 38 issued by Mann's Dept (Name of Company) which is attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to_____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ of _____, 19____

Signature D. D. Fosbaugh D.O., M.D.

Addre. Medford, Ore.

dept. 13, 19 41

6702

10165

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Ed. C. Albeen

Address Medford, Ore

Employer Medford Corp

Nature and Extent of Case (Information must be complete and definite) Low blood pressure, Anemia.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury.

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

| Approved for Payment | Audited | Checked |
|---|---|---|
| C | ✓ | C |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage____ Miles @____ per mile | |
| Aug. 12 | Office | 3 — |
| " 13 | " | 1 50 |
| " 16 | " | 1 00 |
| " 22 | " | 1 50 |
| | | 6 50 |

RECEIVED
SEP 20 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. 35-30 issued by Medco (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept. 13, 1941

Signature W. F. McCaspell D, M.D.

Address Medford, Ore

6703

10166

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 20 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of John Doe

Address 103a E Jackson

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Tonsillitis.

Is this condition the result of an injury during employment? no

Have you reported this case to the State? no If not, why? not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

S H Hosp 8/23 to 25

P09/11

73358

Md

Approved for Payment

Audited

Checked

| Date of Treatment | | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges | |
|---|---|---|---|---|
| | | Mileage _____ Miles @ _____ per mile | | |
| Aug. | 20 | Office | 2 | — |
| " | 23 | Hospital | 1 | 50 |
| " | 24 | " | 1 | 50 |
| " | 25 | " | 1 | 50 |
| | | 1-0 3 NV | 6 | 50 |

RECEIVED
SEP 2 2 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. _____ issued by _____ (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept 22, 1941

Signature W D Fitzhugh MD, M.D.

Address Medford, Ore

6704

10167

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No.

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Clayton Hess ✓

Address 337 S. Central, Myrtle

Employer Medford Corp. ✓

Nature and Extent of Case (Information must be complete and definite) Severe sore throat.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

| Approved for Payment | Audited | Checked |
|---|---|---|
| ✓ | ✓ | ✓ |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage Miles @ per mile | |
| Aug. 1. | Office | 2 — |

RECEIVED
SEP 20 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. 3757 issued by Medco (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was , 19, and that patient was able to resume work beginning on the day of , 19

Dated Sept. 13, 19 41

Signature [illegible], M.D.

Address Medford, Ore.

6705

10168

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Tom Hodgson ✓

Address Bull Falls. /

Employer Medford Corp ✓

Nature and Extent of Case (Information must be complete and definite) Mumps

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why?

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

73358

Mid

| Approved for Payment | Audited | Checked |
|---|---|---|
| | | |

| Date of Treatment | | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|---|
| | | Mileage ____ Miles @ ____ per mile | |
| Aug. | 16 | O'Brien | 2 — |
| | | 24, 38 | |
| | | 7/21 | |
| | | 1st | |
| | | 2.0 | |
| | | 2 Dressings | |

RECEIVED
SEP 20 1941
DOS D. T.

Patient presented National Hospital Association Certificate No. O K issued by _____ hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.) (Name of Company)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Signature _____, M.D.

Dated Sept 13, 1941

Address Medford, Ore.

6706

10169

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. ____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Albert Holm ✓

Address Butte Falls ✓

Employer Medford Corporations ✓

Nature and Extent of Case (Information must be complete and definite) Rt knee - contus. case

Is this condition the result of an injury during employment? Yes

Have you reported this case to the State? Yes If not, why? ____

If injured away from work how did injury occur? ____

Was there any evidence of intoxication at time of injury? ____

If X-rayed, state findings ____

Plates, films, or prints must accompany charges for X-rays.

**Do Not Write Below**

73331

| Approved for Payment | Audited | Checked |
|---|---|---|
| | | |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage ____ Miles @ ____ per mile | |
| Aug. 2 | Office | 1 50 |
| | R 0 1.50 | |
| | 7/19 broken | |
| | RECEIVED SEP 20 1941 COST DEPT. | |

Patient presented National Hospital Association Certificate No. 88 issued by ____ (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to ____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was ____, 19__, and that patient was able to resume work beginning on the ____ day of ____, 19__

Dated Sept. 15, 19 41 Signature [illegible], M.D.

Address [illegible]

10170

6707

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MEDIATE BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 20 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Arthur Owens

Address Medford, Ore.

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Varicose veins - both legs.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

73358

Med

Legs

Approved for Payment | Audited | Checked

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage____ Miles @____ per mile | |
| Aug 16 | Office | 2 — |
| " 23 | " | 1 50 |
| " 30 | " | 1 50 |
| | | 5 — |

RECEIVED
SEP 20 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. 3820 issued by Medco (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to_____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept. 13, 1941

Signature [illegible], M.D.

Address Medford, Ore.

6708

10171

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 50 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of J. J. Pelura V

Address Medford, 407 E. 4th

Employer Rogue River Orchards

Nature and Extent of Case (Information must be complete and definite) Superficial scratch on thigh.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not injured during employ.

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

**Do Not Write Below**

T.T.V. N

OK

8-5-41

| Approved for Payment | Audited | Checked |
|---|---|---|
| C | P | K |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage _____ Miles @ _____ per mile | |
| Aug 15 | Office | 2 |

RECEIVED
AUG 20 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. 32 issued by Rogue River Orch. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Signature W Frohardt M.D., M

Dated _____, 19____

Address _____

10172

6709

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Harold Hubbell

Address Medford, Ore.

Employer Brown's Cafe Roy Lee Smith

Nature and Extent of Case (Information must be complete and definite) Impetigo.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

73358

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Med

10 yrs

| Approved for Payment | Audited | Checked |
|---|---|---|
| 2 | 1 | |

| Date of Treatment | | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges | |
|---|---|---|---|---|
| | | Mileage _____ Miles @ _____ per mile | | |
| Aug. | 1 | Office | 2 | — |
| " | 8 | " | 1 | 50 |
| " | 11 | " | 1 | 50 |
| " | 14 | " | 1 | 50 |
| | | | $6 | 50 |

RECEIVED
SEP 20 1941
COST DEPT.

4

Patient presented National Hospital Association Certificate No. 49 issued by Brown's Cafe. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept. 19, 1941

Signature Dr. Fitzhugh, M.D.

Address Medford, Ore.

6710

10173

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Charlotte Miller ✓

Address Sams Valley Ore ✓

Employer S. P. & S.

Nature and Extent of Case (Information must be complete and definite) Appendicitis.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

**Do Not Write Below**

| Approved for Payment | Audited | Checked |
|---|---|---|
| (N) | P | |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage _____ Miles @ _____ per mile | |
| Aug 23 | Office | 2 — |

RECEIVED
SEP 20 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. 213 issued by [illegible] hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.) (Name of Company)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____ _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept. 13, 1941

Signature L. D. Timkaeper M.D., M.D.

Address Grants Pass Ore.

10174

6711

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No. D

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of John Rhodes

Address Medford, Ore.

Employer L O L

Nature and Extent of Case (Information must be complete and definite) Infection of left foot. Exact cause not determined.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not result of injury during employ

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

Diff trip 8/26 to 29 = 009/14

7 [illegible] 8

Med

6-5-39

| Approved for Payment | Audited | Checked |
|---|---|---|
| ✓ | ✓ | ✓ |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage Miles @ per mile | |
| Aug. 25 | Hospital | 2 — |
| " 26 | " | 1 50 |
| " 27 | " | 1 50 |
| " 28 | " | 1 50 |
| " 29 | " 5 Hrs | 1 50 |
| | RECEIVED SEP 26 1941 COST DEPT. | 8 00 |

Patient presented National Hospital Association Certificate No. 216 issued by L O L (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was , 19, and that patient was able to resume work beginning on the day of , 19

Dated Sept. 13, 1941

Signature L. D. Shearer M.D., M.D.

Address Medford, Ore.

6712

# Plaintiff's Exhibit 2213

10175

PORTLAND, OREGON P 6/23/48 194

## NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING
PHONE ATWATER 8281

IN ACCOUNT WITH

Dr. L. D. Inskeep
Medford, Oregon

CHECK NO. 83079

AMOUNT $ 42.50

The enclosed check is in payment of the following:

| | | | | |
|---|---|---|---|---|
| Conrad, J. T. | Med | City of Medford | 5/3 | $2.00 |
| Duff, Robert A. | " | " | 4/6 | 4.00 |
| Nichols, Edith | " | " | 4/23 | 2.50 |
| Wattenberg, A. | OE | Jackson County | 3/31, 4/7 | 7.50 |
| Ciardi, Prime | Med | Medford Corporation | 4/28,29 | 3.50 |
| Hall, Cliff | " | " | 4/11, 5/5 | 3.50 |
| Johnson, Ed | " | " | 4/22 | 1.50 |
| Leabo, Lloyd B. | " | " | 4/14 | 2.00 |
| Lefren, Pete | " | " | 4/11 | 2.00 |
| Stevens, Lathel | " | " | 5/25,25 | 3.50 |
| Young, Almer | " | " | 5/30 | 2.00 |
| Moran, J. E. | " | Pinnacle Packing Co. | 5/13 | 3.50 |
| Stagg, LeRoy | " | Rogue River Orchards | 5/25 | 2.00 |
| " | " | " | 4/21,29 | 3.50 |
| | | | | $42.50 |

P.S Med
Mar 7 50
Apr 20 50
May 14 50
42 50

6713

10176

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAVE BUILDING, PORTLAND, OREGON

83079

## SURGEON'S TREATMENT REPORT

N. H. A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of J. T. Conrad

Address

Employer City of Milford Water Commission

Nature and Extent of Case (Information must be complete and definite) heart - Myocarditis.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not results of injury

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

| Approved for Payment | Audited | Checked |
|---|---|---|
| | | |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage____ Miles @____ per mile | |
| 5-5-42 | | 2 — |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 2 — |

RECEIVED
JUN 17 1942
COST DEPT.

Patient presented National Hospital Association Certificate No. 163 issued by Robert A. Duff (Name of Complainant) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to_____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the_____ day of_____, 19____

Dated May 21, 1942

Signature F. W. Fosshagen, M. D.

Address Milford, Ore.

6714

# Plaintiff's Exhibit 2214

10190

PORTLAND, OREGON, [illegible] 194

## NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING

PHONE ATWATER 5281

IN ACCOUNT WITH

[illegible]

Medford, Oregon

CHECK NO. 1215

AMOUNT $ 2.50

The enclosed check is in payment of the following:

| | | | | |
|---|---|---|---|---|
| Lorton, G. E. | GE | Medford Corporation | 1/22 | $2.50 |

[illegible]

10191

6715

# NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

## SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 30. Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Name of Mrs. B. M. Lester

Address Butte Falls

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) cut left thumb

Is this condition the result of an injury during employment?_____

Have you reported this case to the State?_____ If not, why?_____

If injured away from work how did injury occur?_____

Was there any evidence of intoxication at time of injury?_____

If X-rayed, state findings_____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below 1215

| Approved for Payment | Audited | Checked |
|---|---|---|
| | | |

| Date of Treatment | NATURE OF TREATMENT RENDERED MUST BE SHOWN | Charges |
|---|---|---|
| | Mileage_____ Miles @_____ per mile | |
| Jan 22 1943 | Office Visit | $2 50 |
| APR 16 1943 | | $2 50 |

Patient presented Medical Hospital Association Certificate No. 1348 V issued by_____ (Name of Company)
duly to attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to_____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the_____ day of_____, 19____

Dated March 19, 1943

Signature [illegible] Medford, M. D.

Address 35 - E. Central - Medford, Ore.

(The rest of this exhibit consists of similar bills for Duff $4.00, for Nichols $2.00, Wattenburg $7.50, Ciardo $3.50, Hall $3.50, Johnson $1.50, Leabo $2.00, Lefren $2.00, Stevens $2.50, Young $2.00, Moran $3.50, Stagg $3.50 and $2.00.)

**Plaintiff's Exhibit 2215**

10192 (Effective June 1, 1939)

## CLATSOP COUNTY FEE SCHEDULE

## MISCELLANEOUS — MEDICAL CASES

| | |
|---|---|
| 1st Office Call | $ 2.00 |
| Subsequent Office Calls (each) | 1.00 |
| 1st Hospital Call (if original visit to patient) | 3.00 |
| Subsequent Hospital Calls (day) | 1.00 |
| 1st Residence Call (day) | 2.50 |
| Subsequent Residence Calls (day) | 2.00 |
| Emergency Night Calls (each) (9:00 P. M. to 7:00 A. M.) | 5.00 |
| Complete Physical Examination, including urine, blood (at office) | 5.00 |
| Same (at hospital) | 2.50 |
| Consultant called at home | 5.00 |
| Consultant called at office | 3.00 |
| Consultant called at hospital | 3.00 |
| Boils & Small Furuncles, 1st Office Call | 2.00 |
| Boils & Small Furuncles, Subsequent Office Calls | 1.00 |
| Boils & Small Furuncles, Up to maximum fee for each case | 5.00 |
| Abscess—Opening and 1st Treatment | 3.50 to 5.00 |
| Abscess—Subsequent Treatments | 1.00 |
| Varicose Veins of Legs (each treatment) | 2.50 |
| Cold Vaccine (1st Treatment) | (not included) |
| Cold Vaccine (Subsequent Treatments) | (not included) |
| Blood Transfusion (patient to furnish own donors) | 20.00 |
| Blood Transfusion Subsequent | 10.00 |
| Minor Operations (flat fee to include after dressings) | 5.00 |
| Assistant to Surgeon at Major Operations | 7.50 |
| Mileage (outside city limits) one way | .50 |

The present fee for residence calls will apply to calls within the radius of three miles. For calls outside of the three mile radius we will allow for the extra mileage 50 cents a mile, one way, which will be in addition to the present fee.

Where no fee is listed to cover a case, the fee listed for the condition most closely comparable will apply.

The State Industrial Accident Commission rates will apply on all work injury cases under the State Industrial Accident Commission or other classes of compensation insurance and on all flat fee accident cases.

X-rays. State rate to apply on work injury cases; on other cases State rate less 25%.

10193 MAJOR SURGERY

| | |
|---|---|
| Abdominal Viscera, Operation requiring repair of | $ 75.00 |
| Abscess of Liver, Operation | 75.00 |
| Appendectomy, Simple | 60.00 |
| Appendectomy, Drainage Case with Peritonitis | 75.00 |
| Cancer of Breast, Radical Operation | 75.00 |
| Decompression Operation | 75.00 |
| Gall Bladder, Removal or Drainage | 100.00 |
| Hysterectomy | 75.00 |
| Hernia, Radical Operation | 50.00 |
| Hernia, Double | 60.00 |
| Intestinal Obstruction, Bowel Resection or Drainage | 75.00 |
| Intestinal Obstruction, Simple, Operation for Relief of | 50.00 |
| Laminectomy | 75.00 |
| Removal of Loose Cartilage in Knee Joint | 50.00 |
| Stomach Operations | 100.00 |
| Thyroid Gland, Operation | 75.00 |
| Tumor of Breast, Removal of Tumor | 20.00 |

Special Consultation and Cooperative Assistance — Required in all Major Surgery Cases — Fee will be arranged so that each physician will be paid directly by the Association for the work done.

Exceptional cases may be reported for consideration of a higher fee.

## PROCTOLOGICAL

| | |
|---|---|
| Proctological Examination | 3.00 to 5.00 |
| Hemorrhoids, External Thrombotic (minimum) | 3.00 |
| Hemorrhoids, External Thrombotic (maximum) | 5.00 |
| Hemorrhoids, Internal (Injection Treatment) 1st | 5.00 |
| Hemorrhoids, Internal (Injection Treatment) Subsequent | 2.50 |
| Hemorrhoids, Radical (Including Sub. Treatment) | 40.00 |
| (Report should be submitted before opation.) | |
| Ischio-Rectal Abscess, 1st Incision | 5.00 |
| Ischio-Rectal Abscess, Subsequent Dressings | 1.50 |
| Fissure in Ano (including subsequent treatment) | 10.00 to 25.00 |
| Fistula in Ano, Radical Operation (detailed report must be submitted | 25.00 to 40.00 |
| Pappillitis and Cryptitis | 5.00 |
| Pilonidal Cyst (complete) | 50.00 |

## UROLOGICAL

| | |
|---|---|
| Cystoscopy, urinary, laboratory fee additional | 10.00 |
| Cystoscopy, Subsequent | 7.50 |
| Cystoscopy, Including pyleogram | 20.00 |
| Cystoscopic Removal of Stone | 25.00 |
| Kidney Stone | 75.00 |
| Kidney Fixation | 75.00 |
| Nephrectomy | 75.00 |
| Operation for Bladder Tumors | 25.00 to 75.00 |
| Perineal Abscess, Drainage | 10.00 |
| Perinephritic abscess | 75.00 |
| Prostatectomy | 75.00 |
| Prostatic Abscess, Radical Drainage | 50.00 |
| Ruptured Urethra | 75.00 |
| Stone in Bladder | (Charge depending on case) |

10194

## EYE, EAR, NOSE AND THROAT

| | |
|---|---|
| 1st Office Call | $ 2.00 |
| Subsequent Office Calls | 1.00 |
| Submucous Resection | 40.00 |

| | | |
|---|---|---|
| Tonsils at Hospital or Surgery | 20.00 | |
| Antrum Irrigation, 1st Treatment | 3.50 | |
| Antrum Irrigation, Subsequent Treatments | 2.50 | |
| Mastoid | 75.00 | |
| Intra-Nasal (single) Antrum Operation | 30.00 | |
| Intra-Nasal (double) Antrum Operation | 40.00 | |
| Radical Antrum (single) | 50.00 | (1) |
| Radical Antrum (double) | 75.00 | |
| Removal Polyps | 7.50 | |
| Chalazion | 7.50 | |
| Iridectomy | 50.00 | |
| Peri-tonsilar Abscess | 5.00 | |
| Peri-tonsilar Abscess, Subsequent Treatments | 1.00 | |
| Special Eye Study and Report | 3.00 | to 5.00 |
| Myringotomy, Single | 5.00 | |
| Myringotomy, Double | 7.50 | |
| Removal of Impacted Wax, One Ear | 2.00 | |
| Removal of Impacted Wax, Both Ears | 3.00 | |
| Irrigation of Lachrimal Sacs, First Treatment | 2.50 | |
| Irrigation of Lachrimal Sacs, Subsequent Treatments | 2.00 | |

## LABORATORY

| | | |
|---|---|---|
| Urinalysis | 1.00 | |
| Quantitative Urine Sugar | 1.00 | |
| Quantitative Albumen | 1.00 | |
| Complete Blood Count | 1.75 | |
| Red & Hemoglobin | .75 | |
| White & Differential | 1.00 | |
| White Count | .50 | |
| Red Count | .50 | |
| Hemoglobin Count | .25 | |
| Differential Count | .50 | |
| Blood Grouping | 2.50 | |
| For Each Additional Donor | 1.00 | |
| Autogenous Vaccine | 5.00 | |
| Blood Culture | 2.50 | |
| Smear | 1.00 | |
| Culture | 1.00 | |
| Sputum Examination | 2.00 | |
| Stool Examination | 2.00 | |
| Gastric Analysis | 2.50 | |

| | |
|---|---|
| Kidney Function Test | 2.50 |
| Tissue Examination | 5.00 |
| Widal | 2.50 |
| Guinea Pig Inoculation | 2.50 |
| Undulant Fever | 2.50 |
| Blood Chemistry for one estimation | 2.50 |
| Blood Chemistry for each additional estimation | 2.50 |
| Malarial Examination | 2.00 |
| Metabolic Tests | 3.00 |
| Testing for Hay Fever (treatments must be authorized) | (not included) |

**Plaintiff's Exhibit 2216**

10195

L. M. SPALDING, M. D.
EYE, EAR, NOSE AND THROAT
14 OSBURN-O'BRIEN BUILDING
ASTORIA, OREGON

August 25, 1939

Mr. C. C. Bechtolt, General Mgr.
National Hospital Association
Fourth Floor Mohawk Building
Portland, Oregon

Dear Sir:

The matter of your advertisement in the Regatta Number of the Astorian Budget was taken up with the other members and it was the general consensus of opinion that there was very little if anything to be gained by you and that they preferred to have the matter dropped.

We are informed that the Industrial Hospital Association has also been approached on the same matter and have decided not to advertise.

Very truly yours,

(Signed) L. M. SPALDING
L. M. Spalding, Chairman
Industrial Affairs Comm.
Clatsop County Medical Society

10196 August 23, 1939

Dr. L. M. Spalding
Astoria, Oregon

Dear Doctor:

Miss Hattie Brown, National Advertising Manager for the Astorian Budget Publishing Company, writes us soliciting an advertisement in the Regatta number. While we should like to accommodate the Budget and appear in that number, we hesitate doing so without first referring it to your Committee. Will you please present this matter to the rest of the boys and if it meets with their approval, have them notify the Budget to insert the following:

NATIONAL HOSPITAL ASSOCIATION

Medical and Hospital Coverage for Industrial Employees

Serving the Industries of the West for
More Than Thirty Years

400 Mohawk Building
Portland, Oregon

C. C. Bechtold, General Manager

*********

Yours very truly,

C. C. Bechtold
General Manager

CCB:s

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**Plaintiff's Exhibit 2217**

10198

L. M. SPALDING, M. D.
EYE, EAR, NOSE AND THROAT
14 OSBURN-O'BRIEN BUILDING
ASTORIA, OREGON

September 20, 1939

Drs. Kullberg & Lowell
First National Bank Bldg.
Astoria, Oregon

Dear Doctors:

The Industrial Affairs Committee met last evening and gave careful consideration to your letter and copies of cor-

respondence in the case of Clyde Brock and the National Hospital Association's refusal to pay for an operation for Gall Bladder Disease which became acute during the first six months of Membership.

We have a copy of the Contract used by the National Hospital Association and while none of us is a lawyer, the language seems to make it clear that such cases are excluded from coverage. The Association obviously might consent to such an operation as an emergency measure if previous authorization was requested but we believe it is entirely optional with them according to the contract.

Very truly yours,

COPY

L. M. Spalding, Chairman
Industrial Affairs Comm.

F. E. Fowler, M. D.
J. V. Straumfjord, M. D.
A. Van Dusen, M. D.
F. Rafferty, M. D.

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10199 September 21, 1939

Dr. L. H. Spalding, Chairman
Industrial Affairs Committee
Astoria, Oregon

Dear Doctor:

Thanks kindly for sending us the copy of your Committee's letter to Drs. Kullberg and Lowell relating to the matter of this Association's responsibility in the case of Clyde Brook.

Yours very truly,

NATIONAL HOSPITAL ASSOCIATION

C. C. Bechtold
General Manager

CCB-s

**Plaintiff's Exhibit 2218**

10200 Union County Medical Society 12/23/46

Meeting was called to order by President Dr. D. R. Rich.

Minutes were not read due to absence of Stanley E. Johnsen, Secretary.

After considerable discussion it was moved, seconded and passed unanimously that the Union County Medical Society would not participate in family coverage plans by O.P.S., Blue Cross or any other contract Agency.

Dr. Robert Stewart was proposed for membership by Drs. Bouvy and Rich and was accepted by unanimous vote by those present.

Election of officers followed with the following elected for the coming year, 1947.

President, Dr. Edwin Kirby
Vice President, Dr. E. Branner
Secretary-Treasurer, Stanley E. Johnsen.

There was considerable discussion on uniform fees for private patients. A Committee consisting of Drs. Bouvy, Haun and Branner was appointed to study this matter and formulate regulations to be considered at the next meeting.

There being no further business at hand the meeting was adjourned by order of the president.

Secretary,

(Signed) S E JOHNSEN

## Plaintiff's Exhibit 2219

10201

EUGENE T. MOON M. D.
PHYSICIAN & SURGEON
SECOND FLOOR ROESCH BUILDING
LA GRANDE, OREGON

Oct. 1, 1948

Mt. Emily Employees Hospital Association
La Grande, Oregon

Gentlemen:

At a recent meeting of The Union County Medical Association it was decided that all previous contracts or agreements between the Hospital Association and The Union County Medical Association would be terminated as of Nov. 1, 1948.

All future services by the doctors will be billed on an individual fee basis.

Yours truly,
Union County Medical Association
Eugene T. Moon Sec.

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## Plaintiff's Exhibit 2220

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10202 • • • • •

Opinions, Views or Comments presented in articles appearing in this section are those of the individual authors and are not necessarily those of Oregon State Medical Society.

• • • • •

### COMES THE BAITED HOOK

Throughout the war years many obviously needed reforms in things related to medical practice of necessity had to wait because many doctors were in the services and those left behind had little time for anything but work. It also was apparent that the policy toward any change, on the part of those who have enjoyed the fruits of existing conditions, would consist of resistance to any changes until the boys came home. For when medical officers returned in goodly numbers, it seemed a reasonable hope of these com-

mercial interests that, out of the volume, enough unthinking doctors might become available to do their irregular bidding that the imminence of change of reform would vanish to the greater profit of the proprietors. That stage has apparently been almost reached, if one may judge correctly from the neatly designed lures now dangled before the profession.

There recently has been circulated by some commercial interests conducting a profitable brokerage of private medical services, a bright, spanking new fee schedule with a generous face lift. Efforts to attract business have always included offering more than a competitor, so this upward revision is not unanticipated or surprising. However, another touch is added. Since attractive bait alone will catch no fish unless first seen, a shiny flasher seems to have been added. It is promised the newly published fee schedule will be paid in full, without discount.

Promise of fee payment without discount is admittedly a clever trick in the subtle appeal of the commercials for more doctors to sell themselves and their colleagues into bondage. However, except possibly in Multnomah county, the appeal will probably fail to reach receptive ground. Fee schedules of the medically sponsored prepayment plans outside of Multnomah county have a most excellent record of having been paid without discount and better.

In Multnomah county it is true that, due to rising hospital costs, to an open panel type of operations and to certain other circumstances peculiar to a metropolitan type of practice, the discounting of fees has been more common. One might, therefore, conclude there might be anticipated a considerable defection from the ranks of ethical prepaid plan supporters in favor of the commercials for purely dollar reasons. However, before succumbing to the lure of the commercial brokers of medical services, all physicians so tempted might do well to pause and consider the full possibilities, lest a worse fate befall them, and not eventually.

There has never been noted any effort on the part of the commercials to do anything toward warding off the threat of politicalized medicine. By contrast, the presence of voluntary prepayment medical service plans sponsored by the profession, with all the risks and advantages that such sponsorship entails, has been and continues to be one of the prime rocks likely to defeat the ill-advised hopes of the central planners. Under these circumstances and with the certainty that threats of politicalized medicine will in-

crease in the next congress, it is doubtful if any doctor worthy of the name will give the slightest response to the luring appeals of the commercial interests. On the contrary, his thoughts, actions and efforts should if anything be redoubled to make the profession's own programs work, even if this entails considerable temporary financial sacrifice in the doing.

(This is part of the October 1946 issue of *Northwest Medicine.*)

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**Plaintiff's Exhibit 2222**

10203 KEIZER BROTHERS HOSPITAL
VIRGINIA AND MCPHERSON STS.
Telephone 771
NORTH BEND, OREGON

MRS. P. J. KEIZER, R.N.
Superintendent

January 18, 1939

National Hospital Association
Mohawk Building
Portland, Oregon

Dear Sirs:

We have received your letter of January 16, 1939, informing us that pathological reports will have to accompany bills for surgery and that x-ray reports must also be sent. You are undoubtedly aware of the attitude of the local physicians toward your Association which makes it very difficult to comply with your requests, and we would be glad to know what we can do to satisfy them since we will undoubtedly have several of your patients in our hospital as we have in the past.

As we have informed you in the past, our institution has had nothing but favorable relations with the National Hospital Association and whatever the attitude of the attending staff may be should not be confused with that of our own.

Sincerely yours,

KEIZER BROTHERS HOSPITAL

By (Signed) ERNEST L FRYE
Ernest L. Frye, Business Mgr.

elf:vl

**Plaintiff's Exhibit 2223**

10204

Oregon City, Oregon
February 7, 1950

National Hospital Association
732 S. W. Third Avenue
Portland 4, Oregon

Att: Mildred Berger, Claims Department

Gentlemen:

I received your letter of January 25 advising that bills for my care in the amount of $1471.35 have been taken care of by your company.

I want to thank you for your cooperation and the courtesy shown me during my illness and hospital confinement and the promptness with which you handled these bills. Needless to say this service extended by your company is certainly a life-saver to a working man such as myself and I intend to never be without such coverage.

I am still unable to return to work, though improving quite rapidly. Doctor Dowe gave me a checkup yesterday and at that time thought I would be able to return to work in another month.

Very truly yours,

(Signed) DONALD C. ELLIOTT
Donald C. Elliott

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**Plaintiff's Exhibit 2225**

10205

A. J. LOEFFLER, M. D.
206 FLUHRER BUILDING
Telephone 606
MEDFORD, OREGON

Sept. 30, 1939

National Hospital Ass'n.,
Portland, Ore.

Dear Sirs:—

After much deliberation and with much regret I am being compelled to return the enclosed checks for services rendered to employees insured under your Hospital Ass'n plan.

As you may know, I'm a new-comer here and feel that I must comply with the decisions of the majority of the local Medical Society. I have never practiced in a locality before where the Medical Society dictated the actions of the individuals in the society as to any contract or insurance work, so I find myself a little at sea as to the proper proceedure to take in this matter.

If the checks are made out to the man or person
10206 to whom the services are rendered, it might be questionable at times whether the doctor would ever receive his fee. If the checks were sent to the employer each month for all services rendered the employees of that employer he could (if he would) forward the check after endorsement to the doctor. In some instances that is being done by the Industrial Hosp. Ass'n.

I would like to continue doing work for these men as I cannot afford to turn down any good business. At the same time I've got to live and get along with my fellow practitioners in a compatable manner. This is probably an old problem by now so perhaps you can make a suggestion that will be agreeable.

Yours sincerely,

(Signed) A. J. LOEFFLER M.D.

---

10207 October 7, 1939

Mr. Ralph Furrer
512 Dakota Street
Medford, Oregon

Dear Mr. Furrer:

Dr. A. J. Loeffler wrote us September 30 returning a number of checks which we mailed to him to cover accounts he had presented to us. The Doctor advised he is unable to accept checks from the Association. We have accordingly canceled the checks to Dr. Loeffler and have issued them in the patients' names. These checks are enclosed.

Very truly yours,

NATIONAL HOSPITAL ASSOCIATION

W. J. Page, Manager
Department of Claims

WJP/mk
Encs.

**Plaintiff's Exhibit 2226**

10208

Portland, Oregon
February 9, 1950

Re: U.S. vs. Oregon State Medical Society, et al
Civil No. 4255

ANTITRUST

1. Dates associated with Permanente.

   *May, 1948 to Dec. 30, 1949*

2. Date applied for admission to:

   a. Oregon State Medical Society

   b. Multnomah County Medical Society

   *1941. (Unable to recall exact date)*

3. Date admitted to—

   a. Oregon State Medical Society

   b. Multnomah County Medical Society

   *Approx 13 months following application*

4. At the time of admission, did the medical society know of Permanente connections?

   *Was not so association at time of application, or admission—nor at any time previously*

5. Were any questions raised with respect to Permanente connections upon admission to societies?

   *None—see 4*

Dr. Thos. J. Fox
Rm. 828 Morgan Bldg.
Portland
CA 5321

**Plaintiff's Exhibit 2227**

10209 MULTNOMAH MEDICAL SERVICE BUREAU
PORTLAND, OREGON — APRIL 30, 1940

BULLETIN NO. 31

The new Board of Directors for the coming year consists of the following: Dr. W. H. Bueermann, President; Dr. John Besson, Vice-President; Dr. Harry Moore, Secretary-Treasurer; Dr. E. E. Gambee, Dr. Charles Newcastle, Dr. Earl M. Anderson, Dr. Sherman E. Rees, Dr. Charles Manlove, Dr. Walter L. Kelsey, Dr. Oliver M. Nisbet, Dr. George H. Bendshadler, Dr. Paul Neeley, and Dr. H. L. Blosser. *Executive Committee*: Dr. W. H. Bueermann, Chairman; Dr. John Besson, Dr. Harry Moore, Dr. E. E. Gambee, and Dr. Sherman Rees. *Grievance Committee*: Dr. George Bendshadler, Chairman, Dr. Oliver Nisbet, Dr. Walter Kelsey, and Dr. Paul Neeley. *Drug Committee*: Dr. Earl Anderson, Chairman; and Dr. Alfred Illge. *Finance Committee*: Dr. Harry Moore, Chairman; and Dr. H. L. Blosser.

The following physicians have become members of our staff in the past quarter; total staff now numbers:

PORTLAND: Dean B. Seabrook, Charles B. Atkins, Frank S. Dietrich, Archie C. Van Cleve, Charles P. Wilson, J. T. LeFevre, Harvey M. Bouvy, and Marion Reed East.

COLUMBIA COUNTY: Paul H. Starr.

MID-COLUMBIA: Grace Young, and Martha R. Vander Vlugt.

During the quarter ending March 31, 1940, we experienced the greatest morbidity since the inception of the Bureau, influenza and its complications being mainly responsible. This has had its effect on the fee percentage in all counties as follows:

MULTNOMAH COUNTY, 50% COLUMBIA COUNTY, 50%
WASHINGTON COUNTY, 50%

The vexing problem involving drug costs is in the process of solution. At the insistence of the Portland Retail Druggists' Association, all health bureaus and hospital associations of Oregon have agreed to eliminate drugs from all

new contracts beginning May 1, 1940, as well as the complete elimination of drugs in all existing contracts by June 1, 1941, as these contracts expire. We are making use of a distinctive slip replacing the familiar pink slip in drugless contracts. Please instruct your office force to call your attention to those patients not entitled to drugs. In those cases, please use your private prescription blanks. *No drugs* applies to all materials used by injections, such as theelin, intravenous iron, vaccines, etc. When a patient under a *no drug* contract is referred to a consultant, please state on the reference slip that it is a no drug contract. At the present date the following is a list of firms not entitled to drug coverage:

Associated Advertising Service
American Building Maintenance Company
Fire Companies Adjustment Bureau
Grayson's, Inc.
Home Owners Loan Corporation
Lerner's, Inc.
Mary Elizabeth Shop
Olds, Wortman and King
Sullivan Wrecking Company
Triangle Milling Company
U. S. Treasury Accounts
World War Vet'ns State Aid Commission

The Board of Directors has taken the position that Vitamins are *foods* and as such are not to be prescribed on any presently existing contracts. Please cooperate.

The Board of Directors has also laid down the policy that in medical cases in which the cost of Medical services exceeds $50.00 a consultant shall be called.

All questions involving disputes regarding payment of services should be made in writing rather than by telephone, in order to conserve the time of our bookkeeping force.

We again invite attention to Bulletin 30 requesting authorization from the Bureau office for X-rays before sending the patients to the X-ray laboratory. Attention is again invited to the fact that an astonishingly large number of X-rays are absolutely *negative* which reemphasizes the fact that:

*You* are paying your patient's drug bills,
*You* are paying your patient's hospital bills,

*You* are paying your patient's X-Ray bills,
*You* are paid from what is left.

- MULTNOMAH MEDICAL SERVICE BUREAU

F. H. Dammasch, M.D.
Medical Director

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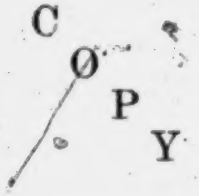
**Defendants' Exhibit 591**

10210 Drs. McLean, Mathews, & Smith
406 Seventh Street
Oregon City, Oregon




March 7, 1947

California Packing Sales Co.
Weatherly Building
Portland, Oregon

Gentlemen:

Sometime ago I operated on one of your employees Mr. Lloyd Stephens for hernia. I had the impression that I was operating then for the State Accident Commission or the Industrial Inspection Service and was quite surprised to receive a check from the Industrial Hospital Association. Through a rather unpleasant experience of several years ago I made up my mind that I would cease to work for Industrial Hospital Association and furthermore since either by statement or implication they give the impression that all the doctors in this section are under their employ I do not want to receive a check from them which would indicate the truth of their statement.

I never refuse to care for an ill patient but when I do so I make my arrangements directly with the patient. Whatever indemnification he gets is his own concern. If the California Packing Company can arrange to care for this outside of their contract with the Industrial and seek indemnity I would be very appreciative. I have written in similar tenor to the Industrial Claims & Inspection Service.

Very truly yours,

s/
Edward H. McLean

EHM/mk

**Defendants' Exhibit 1854**

10211 JACKSON COUNTY MEDICAL SOCIETY
Medford, Oregon

President of
The California Oregon Power Co.
Medford, Oregon

Dear Sir:

It has been known for sometime that certain doctor's names appear on posted staff lists, others have been advised they would not be paid for services rendered your employees under coverage by the Industrial Hospital Association.

The Jackson County Medical Society passed the following resolution and desire your support in its enforcement:

"That all members of the Jackson County Medical Society in good standing be put on list and posted in all places where medical staff lists are posted."

The following are the names of such doctors in good standing in the Jackson County Medical Society:

| | |
|---|---|
| Bishop, W. G. | Medford Bldg., Medford, Oregon |
| Clancy, R. W. | Medford Bldg., Medford, Oregon |
| Coyle, C. L. | Medford Bldg., Medford, Oregon |
| Dodson, A. E. | Fluhrer Bldg., Medford, Oregon |
| Drummond, C. I. | Fluhrer Bldg., Medford, Oregon |
| Durno, E. R. | Fluhrer Bldg., Medford, Oregon |
| Findley, D. H. | Fluhrer Bldg., Medford, Oregon |
| Green, R. E. | 701 Park St., Medford, Oregon |
| Haines, Chas. A. | Medical Bldg., Ashland, Oregon |
| Halboth, O. J. | Fluhrer Bldg., Medford, Oregon |
| Hayes, James C. | Medford Bldg., Medford, Oregon |

| | |
|---|---|
| Holt, W. W. P. | Medford Bldg., Medford, Oregon |
| Inskeep, L. D. | Medford Bldg., Medford, Oregon |
| Jensen, L. C. | Medford Bldg., Medford, Oregon |
| Kresse, A. F. W. | Medford Bldg., Medford, Oregon |
| Loeffler, A. J. | Fluhrer Bldg., Medford, Oregon |
| Mortensen, R. P. | Medford Bldg., Medford, Oregon |
| Mallory, J. H. | Trail, Oregon |
| McCracken, | 262 Hargadine St., Ashland, Oregon |
| Merkel, A. Erin | Jackson Co. Ct. House, Medford, Oregon |
| Poston, R. E. | Swedenberg Bldg., Ashland, Oregon |
| Roney, W. F. | Medford Bldg., Medford, Oregon |
| Sleeter, R. W. | Fluhrer Bldg., Medford, Oregon |
| Sweeney, C. T. | Medford Bldg., Medford, Oregon |
| Shaw, Mattie B. | 124 Oak St., Ashland, Oregon |
| Standard, Susie V. | 1105 West Main St., Medford, Oregon |
| Woods, Harvey A. | Swedenberg Bldg., Ashland, Oregon |

Eye, Ear, Nose and Throat

| | |
|---|---|
| Lemery, C. W. | Medford Bldg., Medford, Oregon |
| Woods, E. A. | Swedenberg Bldg., Ashland, Oregon |

We trust this will meet with your approval.

Yours very truly,

JACKSON CO. MEDICAL SOCIETY

.....

Sect.

**Defendants' Exhibit 1872**

10212 A PROTECTION YOU CANNOT AFFORD TO BE WITHOUT

NATIONAL HOSPITAL ASSOCIATION
INCORPORATED

(Emblem)

LARGEST IN AMERICA

HOME OFFICES TOP FLOOR MOHAWK BUILDING

Phone Atwater 5291

OFFICERS
S. C. SLOCUM, President
C. G. SABIN, V-Pres. & Treas.
C. C. BECHTOLD, Sec. & Gen'l. Manager

PORTLAND, OREGON,

December 9, 1936

Dr. L. Dow Inskeep
Medford, Oregon

Re: James Clark
Southern Oregon Sales Corporation

Dear Doctor:

We are just in receipt of a notification from the Sacred Heart Hospital on the case of James Clark on which they advise this patient is in a private room. We have no record of having authorized a private room on this case, and we therefore would appreciate a complete report from you showing the necessity for special care.

Very truly yours

NATIONAL HOSPITAL ASSOCIATION

By (Signed) MILDRED BERGER
Welfare Department

MB:MS

10213 December 12, 1936

Mildred Berger
Welfare Department
National Hospital Association
Portland, Oregon

Dear Miss Berger:

James Clar, employee of Southern Oregon Sales, had an emergency operation for acute appendicitis. His appendix was in such bad condition that it was necessary to extensively drain the wound. The first couple of days post operative he was in a private room as his condition was such as to warrant it. However, no specials were employed to take care of him. As soon as his condition permitted he was moved into a ward where he still is. The wound was draining copiously still this morning when I dressed it.

Sincerely,

LDI:B

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**Defendants' Exhibit 1873**

10214 (Letterhead of National Hospital Association)

March 28, 1936

Dr. A. O. Pitman
Hillsboro, Oregon

Dear Doctor: Re: Russell Rash—Stimpson Lumber Co.

We received your statement for care of Russell Rash, an employee of Stimpson Lumber Company, whom you treated for a ulcer of the stomach.

We note you have made a charge for a floriscopic examination of the stomach on February 2nd. We do not find a record of this case having been reported to us and authority obtained for this examination. Will you please advise.

Yours very truly,

NATIONAL HOSPITAL ASSOCIATION

(Signed) W J PAGE
W. J. Page
Service Manager

WJP:LEH

## Defendants' Exhibit 1874

10215 (Letterhead of National Hospital Association)

October 22, 1935

Dr. A. E. Dodson
Medford, Oregon.

Dear Doctor:

We have for acknowledgment your letter of October 18th requesting permission to remove tonsils and to make a G. I. study for V. A. Turpin, an employe of the Southern Oregon Sales Incorporated and in reply, if Mr. Turpin is a steady employe of the above company this letter is your authority to remove his tonsils.

However, before authorizing the G. I. study we believe it would be well to await the results of the tonsil operation as the infected tonsils may be causing his intestinal disorder. If you do not agree with us on this point, we will be pleased to hear further from you.

Yours very truly,

NATIONAL HOSPITAL ASSOCIATION

(Signed) C. C. BECHTOLD
C. C. Bechtold,
General Manager.

CCB:LH
cc: Dr. E. Durno

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## Defendants' Exhibit 1875

10216 May 28, 1937

National Hospital Association
Top Floor Mohawk Building
Portland, Oregon

Re: Mr. J. A. Jensen
Emp. of City Lumber Company

Dear Sirs:

Mr. J. A. Jensen has consulted me concerning marked gaseous distension and constipation of long duration. I

believe a gastro-intestinal examination should be made. May we have your authorization for that?

Sincerely yours,

J. V. Straumfjord, M. D.

S:A

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10217 (Letterhead of National Hospital Association)

July 13, 1937

Dr. Jon V. Straumfjord
Astoria, Oregon

Re: J. A. Jensen, employe of
City Lbr. & Supply Company

Dear Doctor:

We have just received a report from the City Lumber & Supply Company regarding J. A. Jensen about whom you wrote us requesting authority for an X-ray examination some time ago. This man has been employed by the City Lumber & Supply Company for a period sufficient to entitle him to the examination recommended, and if you still consider it necessary the Association authorizes you to proceed.

Very truly yours,

NATIONAL HOSPITAL ASSOCIATION

(Signed) W J PAGE
W. J. Page
Service Manager

WJP:mk

**Defendants' Exhibit 1876**

10218 (Letterhead of National Hospital Association)

July 31, 1947

Mrs. Hans Olsen
Jewell, Oregon

Re: Hans Olsen
Dr. Straumfjord's account

Dear Mrs. Olsen:

In answer to your note attached to a statement from the Astoria Clinic that was addressed to Mr. Olsen: please be advised that the reason your husband's account has not been paid is that Dr. Straumfjord, who we understand was your husband's physician, has refused to furnish the Association with a report of his services, which is necessary to enable the Association to consider the claim.

We regret these circumstances, but without this information we of course cannot assume your husband's account.

Yours very truly,

NATIONAL HOSPITAL ASSOCIATION

(Signed) C C BECHTOLD
C. C. Bechtold
General Manager

CCB:bjj

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November 17, 1947

Mr. C. C. Bechtold
General Manager
National Hospital Association
732 S. W. Third Avenue
Portland, Oregon

Re: Mr. Hans Olsen

Dear Sir:

Mrs. Olsen has brought to me a letter from you regarding her husband dated July 31, 1947 stating that you had refused to pay our bill dating back to 1944 because you did not have adequate information from me as to what the services were for; however, check-up with the hospital

reveals that you have accepted the hospital bill and in so doing must be completely aware of what the condition was for which he was treated. Accordingly, your letter to Mrs. Olsen is one of your customary stalls in paying physicians' bills.

Mrs. Olsen is a poor old lady, a widow, and does not understand your chicanery. We feel, accordingly, that we can not press her for payment of bills which you know are legitimately yours. I am therefore telling you against my principles that this man, as you know all ready, suffered from hemiplegia. Perhaps that knowledge will absolve you from your sins.

Yours very truly,

Jon V. Straumfjord, M. D.

JVS:bas

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10220 (Letterhead of National Hospital Association)

December 11, 1947

Jon V. Straumfjord, M. D.
300 Spexarth Building
Astoria, Oregon

Dear Doctor Straumfjord:

Regarding your account with Hans Olsen referred to in your letter of several weeks ago, it pleases me to learn of your interest on behalf of Mr. Olsen's widow. But, since Mr. Olsen is deceased, I would suggest that your claim be presented to the administrator of his estate.

Yours very truly,

NATIONAL HOSPITAL ASSOCIATION

(Signed) C C BECHTOLD
C. C. Bechtold
General Manager

CCB:mlb

Entered Hosp. on 3/28/44 under N.H.A.
Left " " 8/29/44

NHA paid hosp. bill for 3 mo—(usual procedure) but has not paid Mrs. Olsen for this care—$334.00

10221 Dec. 18, 1947.

National Hospital Assn.,
732 S. W. Third Avenue,
Portland 4, Oregon.

Gentlemen:

Mrs. Hans Olsen, widow of Har Olsen, who died in a local hospital in this city February 9th, 1947, according to Mrs. Olsen, has asked me to assist her in her efforts to collect from you the sum of $334.00, which is the amount of the doctor bills still unpaid, and which should be payable to her, as she explains the matter to me, by reason of an insurance policy or contract with your company.

I am advised by the County Court and Clerk of said Court, of this city, that the said Hans Olsen was covered by group insurance held, at the time of the illness and death of Mr. Olsen, in your company.

Enclosed please find statement of medical services rendered by the Astoria Clinic in the case. Mrs. Olsen advises me that the hospital bill has been paid by you, but that she has never received the money from you with which to pay the doctor bills. It seems that the charge of $15.00 a week for daily visits is in accordance with your insurance contract, as explained to me by the Clatsop County Court and the Clerk thereof. The charge of $4.00 for preliminary examination at the hospital appears to be in order. The evidence appears to be conclusive that your company paid the hospital bill of the Columbia Hospital of this city, for the care and hospitalization of Mr. Olsen. Your acceptance of the hospital bill would appear to confirm the number of weeks Mr. Olsen was attended by the doctor.

In view of the above circumstances it is somewhat difficult for me to understand just why payment has been withheld from Mrs. Olsen, who does not appear to have a very good understanding of such matters. Mr. Olsen was ill and unable to work for such a long time that he left her with nothing except bills and it is impossible for her to pay this bill. Consequently there is no estate to probate. This claim against your company appears to me to be a legitimate one. I represent no one but Mrs. Olsen and I expect to charge her very little, if anything, for my services to her in this matter, and I have not discussed the matter with anyone but her. While it would not appear